

TEMPORARY TATTOO & BODY PIERCING STUDIO CERTIFICATION APPLICATION

Date

LOUISVILLE METRO PUBLIC HEALTH AND WELLNESS ENVIROMENTAL HEALTH & PROTECTION

400 East Gray Street Louisville, KY 40202 (502) 574-6650 Fax (502) 574-6657

Event Information						
Name of Event						
Date of EventLocation of Event						
Event Coordinator	Name					
Address			City	State	Zip	
Phone #	Fax #		Email Address _			
		<u>FACILIT</u>	ΓΥ INFORMATION			
Studio Name						
Studio Address						
City	State	Zip	Phone #	Fax #		
Contact NameEmail Address						
Type (Check) Tat	ttoo (634)	Body Pierce	e (644) Both			
 TEMPORARY TA Each booth r No person shissued by En Each artist is event. 	requires a separa nall operate a tentivironmental Heat required to be required to be re-	BODY PIERO te certification inporary Tattoo alth and Protect registered with		g Studio without fir	rst having a permit	
MAKE CHECKS I	PAYABLE TO	LOUISVIL	LE METRO GOVE	RNMENT		
Est #(local) Studio Receipt #			ot #	Check #		
Applicant Signature				Date		

Department Representative_____